Natural Gas Well Completion Two Day Notification

E-mail to: <u>DEPOilandGasSector@wv.gov</u>

New Source Performance Standards for Crude Oil and Natural Gas Production, Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Energy Corporation of America						
Owner or Operator Name		Division of Air Quality ID Number (If Available)				
501 56 th St. S.E.						
Street Address						
Charleston	WV	25304				
City	State	ZIP Code				
Chad Perkins cperkins@energycorporationofamerica.com 304-925-6100						
Facility Local Contact Name	E-Mail	Telephone Number				
Signature		Date				
SECTION II: SOURCE DI	ESCRIPTION					
1. Please check the proposed well flowback compliance option:						
[X] Route flowback gas to [] Reinject into the well o [] Other	a completion combustion device or another well	[] Use on-site as a fuel source; [X] Route flowback gas to a salable gas pipeline				
2 Please complete the tal	ble below for each affected source	e ner 860 5365				

. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-101-00124	Farm Name:Buck, Donald and Norma. Well Number: Sun Lumber #3MH.	38° 41'52.52"N 80° 28'07.24"W	10/18/13	10/14/13